### FORM D

UNITED STATES

JAN 16 2008

# SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

74043	)66
OMB AF	PPROVAL
OMB Number:	3235-0076
Expires April 3	30, 2008
Estimated average	e burden
hours per respons	e: 16.00

**SEC USE ONLY** 

Serial

Prefix

Weshington, DC	UNIFORM LIMITED OFFERING EXEMPTION	DATE RECEIVED
	s is an amendment and name has changed, and indicate change.)  : Limited Liability Company Units	
Filing Under (Check box(es) that	**	Section 4(6) ULOE
Type of Filing:		
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requeste	ed about the issuer	E ERROY REPORT REPORT FOR A STATE WOLD AND A STATE WOLD AND A STATE WOLD AND A STATE WOLD AND A STATE A STATE A
Name of Issuer (☐ check if thi	s is an amendment and name has changed, and indicate change.)	
Vontobel: Non-US Equity LLC		THE WAY THE PART THE WAY THE W
Address of Executive Offices	(Number and Street, City, State Zip Code)	Telephone 08021124
One New York Plaza, New	York, New York 10004	(212) 902-1000
Address of Principal Business Op (if different from Executive C	· · · · · · · · · · · · · · · · · · ·	Telephone Number (Including Area Code)
Brief Description of Business		PROCESSED
To operate as a private inve	stment fund.	PROCESSED  JAN 2 5 2008  ☑ other (please specific one contact to the please specific
		JAN 2 5 2000
Type of Business Organization	(T) I'm to do no constitue about the constituent	□
☐ corporation ☐ business trust	☐ limited partnership, already formed☐ limited partnership, to be formed☐	other (please specify); OMSON Limited Liability Company
Actual or Estimated Date of Inco	rporation or Organization:  Month Year  0 5 0 7	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or C	Organization: (Enter two-letter U.S. Postal Service abbreviation State: CN for Canada; FN for other foreign juris	
GENERAL INCERTIGETONS		

#### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA										
2. Enter the information requested for the following:										
* Each promoter of the issuer, if the issuer has been organized within the past five years;										
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of the issuer;	* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities									
* Each executive officer and director of corporate issuers and of corporate general and managing partners	of pa	rtnership issuers; and								
* Each general and managing partner of partnership issuers.	•	•								
Check Box(es) that Apply:	◩	General and/or								
Check Box(es) that Apply. If I follow I Solotton China I Sheet		Managing Partner								
Full Name (Last name first, if individual)										
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director  * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)										
Aakko, Markus		<del></del>								
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004		· · · · · · · · · · · · · · · · · · ·								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director  * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)										
Gottlieb, Jason										
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director  * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)										
Kelly, Edward		· <del></del>								
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004		C -11/								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)										
Kramer, J. Douglas										
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)										
Ross, Hugh M.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)  Wade, Matthew										
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza New York New York 19004										

				B. IN	FORMAT	ION ABO	OUT OFFI	ERING				
. 3											Yes	No
1. Has the	e issuer solo	l, or does th	e issuer inte									Ø
			F	Answer also	in Appendi	ix, Column	2, if filing t	ınder ULOI	3.			
2. What i	s the minim	um investn	ent that wil	l be accepte	ed from any	individual?	•				\$	*
*The Issuer's Manager may in its sole discretion accept subscription amounts in whatever amount it determines is								Yes	No			
acceptable.  3. Does the offering permit joint ownership of a single unit?								<b>2</b>				
											_	
4. Enter t	the informa ssion or sin	tion reques nilar remun	ted for each	n person w solicitation	no nas bee of purchase	n or will be rs in connec	e paid or g ction with s	ales of secu	rities in the	offering.		
If a per	rson to be li	sted is an a	ssociated pe	erson or age	nt of a brok	er or dealer	registered	with the SE	C and/or wi	ith a state		
			broker or de et forth the i					d are associ	ated person	is of such		
	(Last name	<u> </u>		-			<del></del>		<u></u>			
	•		,									
Goldman,	Sachs & C	o.*										
			sold throu	gh Goldma	n, Sachs &	Co., no co	mmissions	will be paid	l, directly o	r indirectly	, for solicit	ing any
	in any juri		Number and	Street City	Ctata 7in	(Coda)						<del></del>
Dusiness o	ir Kesidelice	: Address (i	vuinoer and	Birect, City	y, State, Zap	Code)						
			w York 10	004		<u>.                                    </u>					•	
Name of A	ssociated B	roker or Do	caler									
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	(Last name			[.,,]		[, •]	[]	11	[]		[,, -]	
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Business o	r Residence	Address ()	Number and	Street, City	y, State, Zip	Code)						
		`		•	•							
Name of A	ssociated B	roker or De	ealer									
							<del></del>				-	
			s Solicited lividual Stat						.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************	🗆 Al	l States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	(PA)
[Ri]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (?	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	ealer									
			s Solicited								Г	All States
			lividual Stat	•				נטכז	(Ei )	[GAI	 (HI)	[ID]
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[RI]	[SC]	[SD]	[TN]	[TX]	ניייין [UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security		Aggregate Offering Price	Amount Already Sold
	Debt	\$	0	\$ 0
	Equity	s –	0	\$
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	<b>s</b> _	0	\$ 0
	Partnership Interests	<b>\$</b> _	0	\$ 0
	Other (Specify): Limited Liability Company Units	\$	623,359,860	\$ 623,359,860
	Total		623,359,860	\$ 623,359,860
	Answer also in Appendix, Column 3, if filing under ULOE.			·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
			Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	_	325	\$ 623,359,860
	Non-accredited Investors		0	\$ 0
	Total (for filings under Rule 504 only)		N/A	\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Time of	Dollar Amount
	Type of offering		Type of Security	Sold
	Rule 505	_	N/A	\$ N/A
	Regulation A		N/A	\$ N/A
	Rule 504		N/A	\$ N/A
	Total	_	N/A	\$ N/A
tl tl	.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$ 0
	Printing and Engraving Costs			\$ 0
	Legal Fees		Ø	\$ 91,253
	Accounting Fees			\$ 0
	Engineering Fees			\$ 0
	Sales Commissions (specify finders' fees separately)			\$ 0
	Other Expenses (identify)			\$ 0
	Total		Ø	\$ 91,253

•	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS							
	<ul> <li>b. Enter the difference between the aggregate offe</li> <li>- Question 1 and total expenses furnished in resp</li> <li>difference is the "adjusted gross proceeds to the issu</li> </ul>	\$	<u></u>	623,268,607				
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.								
	·			Payments To Others				
	Salaries and Fees			<b>s</b> _	0		\$_	0
	Purchase of real estate			<b>\$</b> _	0		\$_	0
	Purchase, rental or leasing and installation of machi	incry and equipment		\$_	0		\$_	0
	Construction or leasing of plant buildings and facili	lities		s _	0		\$_	0
	Acquisition of other businesses (including the valuation of other businesses).	the assets or securities of		\$	0	-	\$	0
	Repayment of indebtedness			s –	0	_	\$_	0
	Working capital			\$	0		\$_	0
	Other (Specify): Limited Liability Company Unit			\$ _	0	- ☑	\$_	623,268,607
	Column Totals			s _	0	- _ Ø	\$_	623,268,607
Total Payments Listed (column totals added)								
		D. FEDERAL SIGNATUR	RE	_				
fc	The issuer has duly caused this notice to be signed ollowing signature constitutes an undertaking by the f its staff, the information furnished by the issuer to a	e issuer to furnish to the U.S. Se	ecuriti	ies an	nd Exchange Comm	nission,	, upoi	er Rule 505, the n written request
	Issuer (Print or Type)  Vontobel: Non-US Equity LLC  Signature,  January 1, 2008							
	Name of Signer (Print or Type)  Caroline Kraus  Title of Signer (Print or Type)  Assistant Secretary of the Issuer's Managing Member							

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

